

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



February 24, 1989

ALL-COUNTY LETTER NO. 89-22

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: ADDITIONAL IMMIGRATION REFORM AND CONTROL ACT
of 1986 (IRCA) REQUIREMENTS

REFERENCE: ALL-COUNTY LETTERS NO. 87-126, 88-39, 88-46, 88-89

The purpose of this letter is to update information contained in All-County Letter (ACL) 88-39 concerning implementation of the Immigration Reform and Control Act (IRCA). Included in this letter is information regarding reimbursement of Aid to Families with Dependent Children (AFDC)-Foster Care (FC) costs, claiming instructions for State-Only AFDC-Family Group/Unemployed (FG/U) cases containing at least one IRCA alien, adjustment of status for certain aliens subject to Extended Voluntary Departure (EVD), and other information relative to IRCA.

On June 17, 1988, the Health and Welfare Agency received approval of the 1988 State Legalization Impact Assistance Grant (SLIAG) application from the Department of Health and Human Services (DHHS). The grant will be utilized to cover specific costs of public assistance, public health, and educational services.

SLIAG Reimbursement for AFDC-FC Eligible Legalized Alien Children (ELAs)

Beginning July 1, 1988 SLIAG funds are available to reimburse Counties for the nonfederal share of the AFDC-FC payment as well as the cost for administering the payment. Payments made to children who have been legalized under Immigration and Naturalization Act (INA) Section 245A, 210, or 210A, are eligible for SLIAG reimbursement. In addition, SLIAG reimbursement is available for the cost of out-of-home placement paid for by County General Assistance (GA) as long as the child is legalized under either INA Section 245A or 210/210A.

Federally eligible AFDC-FC children who are either temporary or permanent residents pursuant to INA Section 245A or 210/210A are eligible for SLIAG reimbursement. Such children must meet all eligibility requirements in the Eligibility and Assistance Standards (EAS) Section 45-202, including the AFDC-FG/U linkage determination (EAS 45-202.3) except for the child's/parent's ineligibility status because of legalization under IRCA.

The SLIAG will reimburse 100 percent of the out-of-home care costs for State AFDC-FC payments made to children who meet all the requirements of EAS 45-203 and who have been legalized either under INA Section 245A (permanent status only) or 210/210A (temporary or permanent status).

The SLIAG will reimburse County GA payments made to children meeting the following criteria. The children: 1) must not be eligible for Federal or State AFDC-FC; 2) must be in out-of-home care; 3) must be in a voluntary placement or have a dependency filed on their behalf; and 4) must be legalized under either INA Section 245A or 210/210A.

Eligibility for legalized alien children and allowable SLIAG reimbursement is shown on Attachment A.

Time study and fiscal claiming instructions for administrative costs were included in All-County Letter 88-89 dated July 28, 1988. Fiscal claiming instructions for assistance payments are included below.

Statistical Reporting Instructions for Foster Care ELAs

Counties will not be required to report statistical information regarding ELAs receiving AFDC-FC payments. The data needed will be obtained from the Foster Care Assistance claims submitted to the State. Questions regarding statistical reporting on IRCA should be directed to Ms. Veronica Zepeda, Statistical Services, at (916) 322-5462.

Fiscal Claiming Instructions for Foster Care ELAs

The purpose of this section is to transmit assistance claiming instructions to Counties for payments made to newly legalized aliens eligible for AFDC-FC and GA-FC under IRCA. Federal SLIAG funds will cover 50 percent of the payments to Federal FC and 100 percent of the payments to nonfederal FC and GA-FC.

In order to secure Federal SLIAG reimbursement funds, the following reporting requirements are necessary:

ELAs on AFDC-FC

Those cases in which at least one member is an ELA will be aided under aid codes 42 (Federal FC) and 40 (nonfederal FC), but must be identified with an alpha code. The suggested alpha code is AA (Amnesty Alien). Counties may use another alpha code, but must document the code on their payroll.

In addition, these cases must be submitted on a separate payroll similar to that used for time-eligible refugees. This payroll may be either a completely separate payroll from all other AFDC-FC cases or it may be printed and totaled at the beginning or ending of the regular payroll. In either case, there must be a separate summary of the transactions. The date of legalization also must be shown on the separate payroll for each ELA case. This is the date the recipient was approved for legal temporary or permanent status, and will be shown as the "Issue Date" on the I-688 Temporary Residence Card. Payments made in prior months are to be claimed on a current claim and must be identified as adjustments on the payroll when retroactive reimbursement is being claimed.

The totals of transactions for ELAs will be combined with the totals of transactions for all other AFDC-FC cases and carried forward to the appropriate CA 800, Summary Report of Assistance Expenditures. Federal cases will be claimed on the CA 800 FC (Federal) and nonfederal cases will be claimed on the CA 800 FC (nonfederal). Attached is a sample copy of the DFA 877 (Attachment B) which is to be used to claim SLIAG reimbursement for AFDC-FC payments to ELAs. The DFA 877 is designed to capture the claiming of both Federal and nonfederal ELAs through the use of identifying check blocks. Separate DFA 877s must be completed for each program and must accompany the corresponding 800s. Instructions for completing the DFA 877 are on the back of the form. An initial supply of the DFA 877 will be sent under separate cover.

ELAs on General Assistance-FC

Those ELA FC cases which are aided on GA-FC must be claimed on the GA payroll with all other ELA GA cases. However, Counties are required to provide a separate listing of the GA-FC cases. This separate listing must include all of the required payroll

information such as case name, case number, warrant number, grant amount, grant month and year, etc. The DFA 876, SLIAG Funds Claimable Based on Expenditures for ELAs GA, has been revised to separately capture the expenditures on behalf of ELAs in FC from all other ELAs in GA. Lines 1 through 12 on the DFA 876 are combined totals for all ELAs on GA, and Lines 13 A and 13 B separately identify the ELA FC costs. Attached is a sample copy and instructions for the DFA 876 (Attachment C). An initial supply of the revised DFA 876 has been sent under separate cover.

ELAs on State-Only AFDC-FG/U

Effective July 1, 1988, those State-Only assistance units in which at least one member is an ELA will be aided under aid codes 32 (FG) or 33 (U). Attached is a sample copy and instructions of the revised DFA 878 (Attachment D), SLIAG funds for ELAs-State-Only AFDC-FG/U. An initial supply of the DFA 878 has been sent under separate cover. The claiming instructions for a mixed AFDC case outlined in ACL 87-126, dated September 14, 1987, must be followed when claiming reimbursement for a mixed IRCA case. A mixed case is an assistance unit which has at least one Federally eligible recipient and at least one State-only (nonfederal) eligible recipient.

We have not designed a separate DFA form to capture the State-only payment for a mixed Federal case in which at least one member is an ELA. Line 1 of the DFA 878 currently instructs Counties to enter totals for State-only assistance units. However, Counties are also to report the State-only portion of the mixed case payment on Line 1, Column A; the State-only persons in the mixed case on Line 1, Column B; and the ELA count from the mixed case on Line 1, Column C. All of the other claiming instructions outlined in ACL 88-39, dated May 2, 1988, for ELAs on State-only AFDC-FG/U still apply.

Extended Voluntary Departure (EVD)

On December 22, 1987, the Department of State Authorization Bill, Public Law 100-204, was signed into law. Section 902 of this bill establishes another class of eligible aliens who are eligible to apply for temporary residence status as provided in IRCA. This additional class of aliens only applies to certain nationals of countries for which extended voluntary departure has been made available on the basis of a nationality group determination at any time during the five-year period ending on November 1, 1987 and is limited to nationals of Poland, Afghanistan, Ethiopia, and Uganda.

Since these EVD aliens are included in INA Section 245A, their program eligibility and SLIAG reimbursement status is the same as other Section 245A aliens (Attachment A). However, EVD aliens must apply for amnesty between the period of March 21, 1988 and December 22, 1989. EVD aliens must remain in temporary status for a minimum of 18 months or a maximum of 30 months. INS will issue the same documentation to EVD aliens as they do to other INA Section 245A aliens.

Questions concerning AFDC-FC program eligibility should be directed to the Foster Care Program Management Bureau.

Questions regarding assistance claiming should be directed to Ms. Stephanie Davis, Fiscal Policy and Procedures Bureau, at (916) 323-0267. Questions regarding general IRCA program provisions should be directed to Mr. Tom Lee of the Immigration and Resettlement Management Bureau at (916) 323-5846.



ROBERT A. HOREL
Deputy Director
Welfare Program



ROBERT L. GARCIA
Deputy Director
Administration

Attachments

cc: CWDA

PROGRAM	245A TEMPORARY RESIDENTS	245A PERMANENT RESIDENTS	210 SPECIAL AGRICULTURAL WORKERS (SAWs)/210A 1/ REPLENISHMENT AGRICULTURAL WORKERS (RAWs)	212 CUBAN/ HAITIAN ENTRANTS AND 249 PRE-72 REGISTRY ALIENS
Federal AFDC (FG/U)	Not eligible 245A (h)(1)(A)(1)	Not eligible 2/ 245A(h)(1)(A)(1)	Not eligible 210(f)	Eligible
Federal AFDC Foster Care	Eligible*	Eligible*	Eligible*	Eligible
Nonfederal AFDC (FG/U)	Not eligible	Eligible 4/*	Eligible*	Eligible
Nonfederal AFDC (FC)	Not eligible 3/	Eligible 4/*	Eligible*	Eligible
Adoption assistance, child welfare services & foster care services (Social Sec. Act, Title IV Parts B&E)	Eligible	Eligible	Eligible	Eligible
Medicaid (Title XIX)	Aged, Blind & Disabled (ABD) and aliens under 18 eligible for full services. Others eligible only for emergency and pregnancy-related services.* 245A(h)(1)(A)(ii) and (h)(3)	ABD & children under 18 are eligible for full services. Others eligible only for emergency and pregnancy-related services.* 245A(h)(1)(A)(ii) and (h)(3) (After 5 year limitation, all eligible for full scope benefits.)	SAWs/RAWs receive same benefits as 245A amnesty aliens.* 210(f); 210(a)(5) and 210(g)	Cuban/Haitian entrants who receive Refugee Medical Assistance (RMA), Registry aliens, and C/HF are eligible for full scope of services. 245A(h)(2)
State and local medical care (not Medicaid)	Eligible under Welfare and Institutions Code 17000.* 245A(h)(1)(B)	Eligible* 245A(h)(1)(B)	Eligible*	Eligible

Food Stamps	Not eligible 245A(h)(1)(A)(iii)	Not eligible except for aged, blind or disabled as defined in Section 1614(a)(1) of the SSA.2/, 4/, 5/ 245A(h)(1)(A)(iii) and (h)(2)(B)	Eligible* 5/	Eligible
School lunch and breakfast	Eligible	Eligible	Eligible	Eligible
WIC and other child nutrition	Eligible	Eligible	Eligible	Eligible
SSI	Eligible 245A(h)(2)(B)	Eligible 245A(h)(2)(B)	Eligible	Eligible
SSP	Eligible* 245A(h)(2)(B)	Eligible* 245A(h)(2)(B)	Eligible*	Eligible
IHSS	Not Eligible	Eligible 245A(h)(2)(B)	Eligible	Eligible
Other programs for ABD	Probably eligible depending on indi- vidual program restrictions 245A(h)(2)(B)	Eligible 245A(h)(2)(B)	Eligible	Eligible
Other programs for C/HE	Probably eligible depending on indi- vidual program restrictions 245A(H)(2)(A)	Eligible 245A(H)(2)(A)	Eligible	Eligible
General Assistance	Possibly eligible under W&IC 17000* 245A(h)(1)(B)3/	Possibly eligible under W&IC 17000.* 245A(h)(1)(B)3/	Eligible*3/	Eligible

Federal housing programs	Perhaps ineligible, depending on new HUD Legislation and Attorney General designation. 245A(h)(1)(A)(i)	Perhaps ineligible depending on new HUD Legislation and Attorney General designation. 245A(h)(1)(A)(i)	Eligible	Eligible
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Headstart	Eligible	Eligible	Eligible	Eligible
Job Training Partnership Act (JTPA)	Eligible	Eligible	Eligible	Eligible
Title IV of Higher Education Act of 1965	Eligible	Eligible	Eligible	Eligible
Block grants for Social Services (SSA Title XX)	Eligible	Eligible	Eligible	Eligible

1/ SAWs/RAWs eligible by virtue of being deemed "legal permanent residents" while in both temporary (210(a)(5)) and permanent (210(G)) resident status.

2/ Eligible only after 5 years from granting TRS (the earliest date of eligibility for 245A is 5/5/92).

3/ Legalized children in TRS or PRS may also be eligible for foster care under County General Assistance.

4/ No aliens will be eligible until November 7, 1988 (the first date a legalized alien can be adjusted PRS). (Aged, blind or disabled aliens in PRS who are not in receipt of SSI/SSP may be eligible for foster care stamp benefits as early as 11/7/88.)

5/ Administrative costs only.

* Eligible for SLIAG reimbursement.

7-23

STATE LEGALIZATION IMPACT ASSISTANCE
GRANT (SLIAG) FUNDS FOR ELIGIBLE
LEGALIZED ALIENS (ELA) AFDC-FOSTER CARE

(✓) CHECK ONE:

☐ FEDERAL☐ NONFEDERAL

COUNTY _____ DATE (MONTH/YEAR) _____

ELIGIBLE LEGALIZED ALIENS
(FEDERAL)

EXPENDITURES

PERSONS COUNT

1. AFDC-FC expenditures for ELA recipients in receipt of federal AFDC-FC.

\$ _____

2. SLIAG funds claimable for ELA recipients (Line 1 x .5)

\$ _____

3. State share of SLIAG funds claimable. (Line 2 x .95)

\$ _____

4. County share of SLIAG funds claimable. (Line 2 minus Line 3)

\$ _____

ELIGIBLE LEGALIZED ALIENS
(NONFEDERAL)

EXPENDITURES

PERSONS COUNT

1. AFDC-FC expenditures for ELA recipients in receipt of nonfederal AFDC-FC.

\$ _____

2. State share of SLIAG funds claimable. (Line 1 x .95)

\$ _____

3. County share of SLIAG funds claimable. (Line 1 minus Line 2)

\$ _____

CERTIFICATION

This is to certify that the above information is correct to the best of my knowledge and belief; and that payment for these expenditures has not been received. Records and amounts in support of this claim are available for review and audit.

SIGNATURE OF AGENCY OFFICIAL _____

TITLE _____

DATE _____

INSTRUCTIONS FOR USE OF FORM DFA 877

Enter county name, month and year of the claim in the space provided.

Complete the following items in accordance with data for ELA recipients of federal AFDC-FC as summarized on the AFDC-FC ELA payroll.

1. Enter total expenditures and persons count in Line 1.
2. Determine the additional federal funds claimable by multiplying Line 1 by .5. Enter the amount in Line 2. This equals the nonfederal share of expenditures in Line 1.
3. Determining the state share of the additional federal funds claimable by multiplying line 2 by .95. Enter the amount in Line 3.
4. Enter the county share of additional federal funds claimable in Line 4. (Line 2 minus Line 3)

CLAIMING FOR FEDERAL ELA'S AND FOR NONFEDERAL ELA'S MUST NOT BE COMBINED ON THE SAME DFA 877.

Complete the following items in accordance with data for ELA recipients of nonfederal AFDC-FC as summarized on the AFDC-FC ELA payroll.

1. Enter total expenditures and persons count in Line 1.
2. Determine the state share of the federal funds claimable by multiplying Line 1 by .95. Enter the amount in Line 2.
3. Enter the county share of federal funds claimable in Line 3. (Line 1 minus Line 2).

**STATE LEGALIZATION IMPACT ASSISTANCE GRANT (SLIAG)
FUNDS CLAIMABLE BASED ON EXPENDITURES FOR
ELIGIBLE LEGALIZED ALIENS (ELA)
GENERAL ASSISTANCE**

Attachment C

FOR STATE USE

- ☐ SDSS
☐ County Welfare
☐ County Auditor

COUNTY

DATE (MONTH)

(YEAR)

A PERSONS COUNT	B TOTAL AID PAID	SOURCE DOCUMENTS
		1. Main Payroll
		2. Current month supplemental payroll
()	()	3. Current month cancellation contra roll
		5. Prior month's supplemental payroll
		6. SUBTOTAL (<i>reconciliation totals</i>)
()	()	7. Prior month's cancellation contra roll
()	()	8. Abatements and repayments
		9. Schedule of adjustments (<i>show minus items in parenthesis</i>)
		10. SUBTOTAL (<i>Lines 7, 8, 9</i>)
		11. SDSS office audit corrections (<i>for state use</i>)
		12. TOTALS
		13. FEDERAL SHARE
		(A) Eligible Legalized Aliens—Foster Care (FC)
		(B) Eligible Legalized Aliens (other than FC)
		(C) Net totals of Lines 13 (A) plus 13 (B). (<i>Balance to Lines 12A and 12B above.</i>)

PERSONS	NET EXPENDITURES
	\$
	\$
	\$

CERTIFICATION

I hereby certify, under penalty of perjury, that I am the official responsible for the Administration of General Assistance in and for the aforesaid county; that the above information is correct to the best of my knowledge and belief; that payment for these expenditures has not been received; and that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code.

SIGNATURE OF AGENCY OFFICIAL

TITLE

DATE

INSTRUCTIONS FOR USE OF FORM DFA 876

1. This form can be used for claiming federal reimbursement of General Assistance expenditures for Eligible Legalized Alien (ELA) Recipients.
2. Enter county name and the month and year of the claim in the space provided.
3. Complete Lines 1 through 5, and 7 through 9 in accordance with the amounts shown on the integrated payroll summary. *(On nonintegrated payrolls, enter grand totals shown for each payroll or contra roll.)*
4. Enter the subtotals on Lines 6 and 10 and totals on Line 12.
- 5(A). Enter in 13(A) person counts and expenditures in behalf of ELA foster care children in receipt of General Assistance. These cases must be separately identified from all other ELA cases.
- 5(B). Enter in Line 13(B) persons counts and expenditures in behalf of ELAs other than ELA-FC children in receipt of General Assistance.
- 5(C). Enter in Line 13(C) the totals of Line 13(A) plus Line 13(B).

STATE LEGALIZATION IMPACT ASSISTANCE GRANT (SLIAG) FUNDS FOR ELIGIBLE LEGALIZED ALIENS (ELA) STATE-ONLY AFDC/FG-U

Attachment D
(☒) CHECK ONE:

☐ FAMILY GROUP

☐ UNEMPLOYED

(INSTRUCTIONS ON REVERSE SIDE OF FORM)

CLAIM CONTACT PERSON		TELEPHONE ()
COUNTY		DATE (MONTH/YEAR)
ELIGIBLE LEGALIZED ALIENS	EXPENDITURES	PERSONS COUNT

A.

E. State-Only	G. ELA Eligible Count
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1. Totals for those State-Only assistance units (AUs) which include one or more ELA recipient. \$

2. ELA ratio (1C ÷ 1B) _____

\$

3. SLIAG funds claimable for ELA recipients.
(Line 2 x 1A)

\$

4. State share of SLIAG funds claimable.
(Line 3 x .892)

\$

5. County share of SLIAG funds claimable.
(Line 3 minus Line 4)

SAMPLE

CERTIFICATION

This is to certify that the above information is correct to the best of my knowledge and belief; and that payment for these expenditures has not been received. Records and accounts in support of this claim are available for review and audit.

SIGNATURE OF AGENCY OFFICIAL

TITLE

DATE

INSTRUCTIONS FOR USE OF FORM DF 78

Complete the following items in accordance with data for all State-Only AFDC Assistance Units which include one or more ELA recipient.

1. In Line 1A enter total State-Only expenditures; in 1B enter the State-Only persons count; and in 1C enter the ELA persons count;
2. Determine the ELA ratio by dividing ELA persons count by the total State-Only persons count. Enter the ratio in Line 2.
3. Enter the federal funds claimable for ELA recipients in Line 3. Multiply the nonfederal share of AFDC expenditures (Line 1A) by the ELA ratio shown in Line 2.
4. Compute the state share of additional federal funds claimable by multiplying Line 3 by .892. Enter the amount in Line 4.
5. Enter the county share of the additional federal funds claimable in Line 5 (Line 3 minus Line 4).

SAMPLE